

SCC eFile	2013 ANNUAL REPORT COMMONWEALTH OF VIRGINIA STATE CORPORATION COMMISSION	213554309				
<div style="display: flex; justify-content: space-between;"> <div style="width: 60%;"> <p>1.) CORPORATION NAME: OneBeacon Insurance Company</p> <p>2.) VA REGISTERED AGENT NAME AND OFFICE ADDRESS: CT CORPORATION SYSTEM 4701 COX ROAD, SUITE 285 GLEN ALLEN, VA</p> <p>3.) CITY OR COUNTY OF VA REGISTERED OFFICE: HENRICO COUNTY</p> <p>4.) STATE OR COUNTRY OF INCORPORATION: PA</p> </div> <div style="width: 35%;"> <p>DUE DATE: 12/31/2013</p> <p>SCC ID NO: F0125296</p> <p>5.) STOCK INFORMATION</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;">CLASS</td> <td style="width: 50%;">AUTHORIZED</td> </tr> <tr> <td>COMMON</td> <td>600,000</td> </tr> </table> </div> </div>			CLASS	AUTHORIZED	COMMON	600,000
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COMMON	600,000					
<p>6.) PRINCIPAL OFFICE ADDRESS:</p> <p style="text-align: center;">ADDRESS: 601 CARLSON PKWY SUITE 600</p> <p style="text-align: center;">CITY/ST/ZIP: MINNETONKA, MN 55305</p>						
<p>7.) DIRECTORS AND PRINCIPAL OFFICERS: All directors and principal officers must be listed. An individual may be designated as both a director and an officer.</p>						
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%; vertical-align: top;"> NAME: SEAN W DUFFY TITLE: SR VP/C CLAIMS ADDRESS: 601 CARLSON PKWY SUITE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305 </td> <td style="width: 5%; text-align: center; vertical-align: middle;"> <input checked="" type="checkbox"/> </td> <td style="width: 40%; text-align: center; vertical-align: middle;"> OFFICER <input checked="" type="checkbox"/> DIRECTOR </td> </tr> </table>			NAME: SEAN W DUFFY TITLE: SR VP/C CLAIMS ADDRESS: 601 CARLSON PKWY SUITE 600 CITY/ST/ZIP/CO: MINNETONKA, MN 55305	<input checked="" type="checkbox"/>	OFFICER <input checked="" type="checkbox"/> DIRECTOR	
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NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	THOMAS N SCHMITT SR VP/CHRO 601 CARLSON PARKWAY STE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	SCOTT W MCCLINTOCK SR VP/CIO 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOHN C TREACY SVP/TREASURER 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	JOAN K GEDDES ASST SECRETARY 150 ROYALL STREET CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	T MICHAEL MILLER P/CEO/COB 601 CARLSON PKWY SUITE 600 MINNETONKA, MN 55305	<input checked="" type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	VIRGINIA A MCCARTHY SECRETARY 150 ROYALL ST CANTON, MA 02021	<input checked="" type="checkbox"/> OFFICER	<input type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	DENNIS A CROSBY DIRECTOR 1720 WINDWARD CONCOURSE SUITE 325 ALPHARETTA, GA 30005	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
NAME: TITLE: ADDRESS: CITY/ST/ZIP/CO:	PAUL F ROMANO DIRECTOR 199 SCOTT SWAMP ROAD FARMINGTON, CT 06032	<input type="checkbox"/> OFFICER	<input checked="" type="checkbox"/> DIRECTOR
I AFFIRM THAT THE INFORMATION CONTAINED IN THIS ELECTRONIC REPORT IS ACCURATE AND COMPLETE AS OF THE DATE BELOW AND THAT I AM LEGALLY AUTHORIZED TO SIGN THIS REPORT.			
/s/ VIRGINIA A MCCARTHY SIGNATURE OF DIRECTOR/OFFICER LISTED IN THIS REPORT	VIRGINIA A MCCARTHY, SECRETARY PRINTED NAME AND CORPORATE TITLE	11/12/2013 DATE	
It is a Class 1 misdemeanor for any person to sign a document, which includes this electronic record, that is false in any material respect with the intent that the document be delivered to the Commission for filing.			